

FILED FEB 3 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1427  
STATE FILE NUMBER 213

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR BARTLESTON APARTMENTS INSTITUTION 412 WEST 42 <sup>ND</sup> STREET		d. STREET ADDRESS (If outside, give location) BARTLESTON APARTMENTS 412 WEST 42 <sup>ND</sup> STREET	
3. NAME OF DECEASED (Type or print) First MARGARET H. Middle Last SCHULZ		4. DATE OF DEATH Month JAN - 11 - Year 1958	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH MAR - 28 - 1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SECRETARY		10b. KIND OF BUSINESS OR INDUSTRY MEDICAL	9. AGE (In years last birthday) 59
11a. FATHER'S NAME CHARLES HESS		11b. MOTHER'S MAIDEN NAME CORA PARKER	12. CITIZEN OF WHAT COUNTRY? U.S.A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 486-01-2153	17. INFORMANT DR PAUL O. HESS
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular fibrillation		INTERVAL BETWEEN ONSET AND DEATH 5"	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Mitral Insufficiency		15 years	
DUE TO (c) Rheumatic fever		50 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from March 1954 to Jan - 11 - 1958 and last saw her alive on Jan 10 - 1958 Death occurred at about 4 PM Jan 11 1958 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H. E. Smith M.D.		22b. ADDRESS 411 Nichols Road, K.C.M.O.	
22c. DATE SIGNED Jan 13/1958		22d. ADDRESS 411 Nichols Road, K.C.M.O.	
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		23b. DATE JAN - 14 - 1958	
23c. NAME OF CEMETERY OR CREMATORY DW NEWCOMER'S SONS		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
24. FUNERAL DIRECTOR DW NEWCOMER'S SONS		25. DATE RECD. BY LOCAL REG. 1-14-58	
26. REGISTRAR'S SIGNATURE Neva Minshall			



### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed ..... *W. J. Nelson*

Licensed Embalmer No. *4421*

P. O. Address *Kansas City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.